2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000054743

Entity Name: COLCHADO ANGEL CONSTRUCTION, LLC

FILED Dec 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

241 N MAIN AVE 12300 BAILEY PALM DR GROVELAND, FL 34736 GROVELAND, FL 34736

Current Mailing Address: New Mailing Address:

241 N MAIN AVE 12300 BAILEY PALM DR GROVELAND, FL 34736 GROVELAND, FL 34736

FEI Number: 02-0721550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLCHADO, ANGEL
241 N MAIN AVE
GROVELAND, FL 34736 US

COLCHADO, ANGEL
12300 BAILEY PALM DR
GROVELAND, FL 34736 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGEL COLCHADO 12/04/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

ONTO MEMBERO/MARAGERO.

MGR Title: () Delete (X) Change () Addition COLCHADO, ANGEL JR COLCHADO, ANGEL Name: Name: 241 N MAIN AVE Address: 12300 BAILEY PALM DR Address: City-St-Zip: GROVELAND, FL 34736 City-St-Zip: GROVELAND, FL 34736

Title: MGR () Delete Title: MGR (X) Change () Addition
Name: GOODWIN, REBECCA
Address: 241 N MAIN AVE

 Address:
 241 N MAIN AVE
 Address:
 12300 BAILEY PALM DR

 City-St-Zip:
 GROVELAND, FL 34736
 City-St-Zip:
 GROVELAND, FL 34736

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 COLCHADO, ANGEL
 Name:

 Address:
 244 N MAIN AVE
 Address:

 City-St-Zip:
 GROVELAND, FL 34736
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 COLCHADO, FRANCISO SAURE
 Name:

 Address:
 13216 VILLA VISTA DR UNIT 101
 Address:

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANGEL COLCHADO MANA 12/04/2006